

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	COMBINATION ADMINISTRATION OF AN INDOLINONE WITH A CHEMOTHERAPEUTIC AGENT FOR CELL PROLIFERATION DISORDERS
Attorney Docket Number::	034536-0680
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Formal Drawings?::	Yes
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tinya
Family Name::	Abrams
City of Residence::	Pacifica

**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 105 Esplanade Street, Apt. 44  
**City of mailing address::** Pacifica  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94044

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Lesley  
**Family Name::** Murray  
**City of Residence::** San Jose  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 7181 Blue Hill Drive  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 95129

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Nancy  
**Family Name::** Pryor  
**City of Residence::** Kensington  
**State or Province of Residence::** CA

**Country of Residence::** US  
**Street of mailing address::** 433 Coventry Road  
**City of mailing address::** Kensington  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94707

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Julie  
**Family Name::** Cherrington  
**City of Residence::** San Francisco  
**State or Province of Residence::** CA

**Country of Residence::** US  
**Street of mailing address::** 4495A 25th Street  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94114

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	30543	
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/426,386	11/15/2002

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: SUGEN, Inc.